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## BIB DATA SHEET

CONFIRMATION NO. 9896

<b>SERIAL NUMBER</b> 10/553,891	<b>FILING or 371(c) DATE</b> 10/10/2006 <b>RULE</b>	<b>CLASS</b> 210	<b>GROUP ART UNIT</b> 1797	<b>ATTORNEY DOCKET NO.</b> RW-176PCT		
<b>APPLICANTS</b> Werner Heidel, Viersen, GERMANY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP05/00904 01/31/2005 <b>** FOREIGN APPLICATIONS *****</b> GERMANY 20 2004 018 714.0 12/02/2004 GERMANY 20 2005 000 148.1 01/06/2005 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 12/29/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /LESSANEWORK T SEIFU/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 9	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> FRIEDRICH KUEFFNER 317 MADISON AVENUE, SUITE 910 NEW YORK, NY 10017 UNITED STATES						
<b>TITLE</b> DEVICE FOR THE IN-SITU DISPOSAL OF HEALTH-CARE WASTE, IN PARTICULAR OF INCONTINENCE ARTICLES AND METHOD FOR THIS						
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			